


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000006099 (4)
 1. Corporation Name
UROCARE OF AMERICA, INC.

Principal Place of Business 6001 INDIAN SCHOOL RD NE ALBUQUERQUE NM 87110	Mailing Address 6001 INDIAN SCHOOL RD NE ALBUQUERQUE NM 87110-4139
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	30 Country

3. Date Incorporated or Qualified 12/14/1995	3a. Date of Last Report 04/17/1996
4. FEI Number 59-3346043	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	ELLIOTT, NEAL M	
STREET ADDRESS	5091 LOS PABLANOS NW	
CITY-ST-ZIP	ALBUQUERQUE NM 87107	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	ELLIOTT, NEAL M	
STREET ADDRESS	5091 LOS PABLANOS NW	
CITY-ST-ZIP	ALBUQUERQUE NM 87107	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SAUDER, S COTT	
STREET ADDRESS	3412 MATEO PRADO NW	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	GONZALES, CHARLES H	
STREET ADDRESS	1419 CAMINO AMPARO	
CITY-ST-ZIP	ALBUQUERQUE NM 87107	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHOFIELD, ERNEST A	
STREET ADDRESS	6121 CAROUSAL NW	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SOUSA, ALBERT W	
STREET ADDRESS	8820 ASHTON PL NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87122	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **DATE:** _____

CR2E034 (9/96)